PART B - FEE(S) TRANSMITTAL Complete and sent this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 MAR 3 0 2006 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: THE form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate that the current correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 000002352 7590 01/03/2006 OSTROLENK FABER GERB & SOFFEN Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403 03/31/2006 MAHMED2 00000044 10768626 (Depositor's name Mo Max Бkоъ (Signature) 1400.00 OP 01 FC:1501 02 FC:1504 300.00 OP 28, March 006 (Date 30.00 DP 03 FC:8001 PLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/763,626 01/29/2004 Chang-Sin Park P/923-373 6765 TITLE OF INVENTION: ELECTRODELESS LIGHTING APPARATUS USING MICROWAVE AND METHOD FOR CONTROLLING POWER THEREOF PUBLICATION FEE APPLN. TYPE SMALL ENTITY **ISSUE FEE** TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 \$300 \$1700 04/03/2006; 1 4 . . **EXAMINER** ART UNIT CLASS-SUBCLASS VO, TUYET THI 2821 315-291000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys OSTROLENK, FABER, GERB & SOFFEN, LLP ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. òr agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Issue Fee	A check in the amount	A check in the amount of the fee(s) is enclosed.	
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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March 28, 2006

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